



Ventura County  
Transportation  
Commission

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# Application for ADA Eligibility Program

## Application for ADA Eligibility Certification Program

☐ New Applicant

☐ Recertification

If recertification, please include current ADA ID#

Applicant Full Name

Residence Address

Apt/Unit #

City

State

Zip Code

Mailing Address (if different)

Apt/Unit#

City

State

Zip Code

Home Telephone

Alternate Phone

Date of Birth

Language Pref.

Gender

Email

Medi-Cal #

## Emergency Contact Info

Full Name

Relationship

Address

Phone

Alt. Phone

## If this application has been completed by someone other than the applicant, please complete the following

First/Last Name

Agency

Phone Number

\*This person is not able to access information about this application unless also listed as a legal conservator

Please note: If and when you qualify for ADA certification, it is not a guarantee that origin to destination services will be available in your service area. Please check with your local paratransit operator to ensure which areas are covered. At the discretion of the paratransit company, limitations may also apply where the paratransit vehicle is unable to safely navigate to/from a specific location.

### The following terms may be used during the application process and are defined as follows

***Personal Care Attendant (PCA) – The Americans with Disabilities Act (ADA) defines a personal care attendant (PCA) as someone designated or employed specifically to help a person with his or her personal needs. If you have a family member, friend or neighbor who helps you or if someone has been hired to help you with certain activities, they would qualify as a personal care attendant (PCA).***

***Public Bus – A bus that runs along a fixed route with a specific schedule of stops.***

***Paratransit (Dial-a-Ride) – A transportation service which operates in response to calls from passengers to the local transit operator. Vehicles pick-up passengers and transport them to their destinations. The vehicles do not operate over a fixed route or on a specific schedule.***

1. Do you have a disability that prevents you from using a public bus?

☐ Yes ☐ No

If yes, please explain.

2. Please review the list below and indicate which (if any) conditions apply to you.

☐ Difficulty breathing

☐ Mental health

☐ Nerve condition

☐ Intellectual

☐ Seizure disorder

☐ Developmental

☐ Heart condition

☐ Mobility

Vision	Hearing
<input type="checkbox"/> Low	<input type="checkbox"/> Hard of hearing
<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf
<input type="checkbox"/> Require guidance to get on the bus	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Other (please explain)	

### 3. When did the above condition(s) begin?

☐ 0-1 year ago
 ☐ 1-5 years ago
 ☐ Longer than 5 years ago

### 4. Is your disability considered...

☐ Temporary
 ☐ Stable
 ☐ Progressive

### 5. Does your disability change after medical treatments or medications?

☐ Yes
 ☐ No
 ☐ Sometimes

If yes or sometimes, please explain.

### 6. Do you use any of the following Mobility Devices/Assistive Technology?

☐ Yes
 ☐ No

If yes, please check all that apply

<input type="checkbox"/> Support cane	<input type="checkbox"/> Scooter
<input type="checkbox"/> White cane	<input type="checkbox"/> Crutches
<input type="checkbox"/> Collapsible walker (with or w/o seat)	<input type="checkbox"/> Leg braces
<input type="checkbox"/> Walker with seat	<input type="checkbox"/> Charcot boot
<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Portable oxygen device
<input type="checkbox"/> Reclining wheelchair	<input type="checkbox"/> Hearing aid (s)
<input type="checkbox"/> Power chair	

### 7. Do you use a communication device?

☐ Yes
 ☐ No

If yes, what type of device do you use?

### 8. Do you have a service animal?

☐ Yes
 ☐ No

If yes, what type of animal do you have?

How does your service animal help you?

***Please note: If you need help in completing Questions 9 and 10 below, please call us at 888.667.7001 and we will help you.***

9. If you use a wheelchair or scooter, do you know about how much you and your wheelchair/scooter weigh together?

☐ Yes ☐ No

If yes, please indicate below

☐ Under 300 lbs ☐ 300-600lbs ☐ Over 600 lbs

10. Do you know the approximate dimensions of your wheelchair?

☐ Yes ☐ No

If yes, please provide the dimensions (in inches).

Width \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

11. Do you need the help of another person to leave your residence (down a driveway, over a threshold, down a flight of stairs)?

☐ Yes ☐ No ☐ Sometimes

If sometimes, please explain.

12. Do you need the help of another person to travel out in the community?

☐ Yes ☐ No ☐ Sometimes

If sometimes, please explain.

13. Please tell us which of the following you are able to do (please check all that apply).

- ☐ Go up and down 3 or 4 stairs
- ☐ Go up and down a hill
- ☐ Go up and down a curb
- ☐ Go across pavement that has raised bumps on it
- ☐ Cross a two lane street before the signal turns red
- ☐ Travel by yourself in the evening or early morning with limited light
- ☐ Travel to the nearest public bus stop in weather that is very hot
- ☐ Travel to the nearest public bus stop in weather that is very cold
- ☐ Stand at a public bus stop if there is no seating
- ☐ Wait at a public bus stop if there is no shade
- ☐ Go up or down a ramp
- ☐ Get on and off a public bus if it has a lift

*Continued on next page*

- ☐ Grasp handles or railings when getting on and off of a public bus
- ☐ Keep your balance while seated on a moving vehicle
- ☐ Recognize street signs
- ☐ Read letters and numbers on street signs and buses
- ☐ Follow written instructions
- ☐ Follow oral instructions
- ☐ Read lips (if deaf)
- ☐ Handle coins or paper money
- ☐ Count change
- ☐ Tell time

***The following questions are to help us understand if you are able to use the public bus system safely and independently. Whether or not you have used public transit recently or in the past will not prevent you from being eligible to apply for ADA paratransit services.***

14. Do you know who your local transit company is?

- ☐ Yes                      ☐ No

If yes, please list.

15. Have you ever used the public bus, trolley, or trains?

- ☐ Yes                      ☐ No

If yes, how long ago and how frequently did (do) you use these types of transportation?

16. How close is the nearest public bus stop to your home?

- ☐ Less than 2 blocks                      ☐ More than 4 blocks  
☐ 2-4 blocks                                      ☐ I don't know

17. Are you able to travel to the nearest public bus stop independently?

- ☐ Yes                      ☐ No                      ☐ Sometimes

If no or sometimes, please explain.

18. Please tell us about any barriers that prevent you from using the public bus or train. Please check all that apply.

- ☐ I can't walk/travel that far
- ☐ There are no sidewalks
- ☐ The sidewalk is broken
- ☐ There are hills
- ☐ There are no crosswalks
- ☐ There are no sidewalk ramps
- ☐ There are streets I cannot cross quickly enough
- ☐ There are no signals at the streets I need to cross
- ☐ There is no seating/bench at the closest public bus stop
- ☐ I don't know, I have never tried to walk/travel to the public bus stop

19. Are there any other reasons that are keeping you from reaching/using the public bus stop?

20. From where the public bus stop lets you off are you able to reach where you are going?

- ☐ Yes                      ☐ No                      ☐ Sometimes

If no or sometimes, what keeps you from being able to do this on your own?

21. How long are you able to wait at a public bus stop? Please check all that apply:

- ☐ More than 10 minutes                      ☐ 10 minutes if I can sit down  
☐ 10 minutes if there is shade   ☐ 5 minutes if I can sit down  
☐ 5 minutes if there is shade   ☐ Not at all

22. Are you able to complete transfers on the public bus (using more than one bus to get to where you are going)?

- ☐ Yes                      ☐ No

If yes, how many transfers can you complete?

23. Please list below two of your most frequent destinations, how often you go and how you currently get there.

A. Location Name

Location Address

How Often?

☐ Daily      ☐ Weekly      ☐ Monthly      ☐ Other

How do you currently get there?

☐ Drive      ☐ Bus      ☐ Train      ☐ Dial-A-Ride      ☐ Other (please specify)

B. Location Name

Location Address

How Often?

☐ Daily      ☐ Weekly      ☐ Monthly      ☐ Other

How do you currently get there?

☐ Drive      ☐ Bus      ☐ Train      ☐ Dial-A-Ride      ☐ Other (please specify)

24. Have you ever had any type of training to use the public bus, trolley, or train?

☐ Yes      ☐ No      ☐ Sometimes

If yes, how long ago was this training? What did you learn?

25. Would you be interested in additional training?

☐ Yes      ☐ No      ☐ Maybe later

26. Would you be interested in learning about other cost effective transportation options that may be available in your community?

☐ Yes      ☐ No

27. Please add any additional comments or information that you believe will help us determine your eligibility for ADA services.

## Authorization for Release of Health Information

I hereby certify that the information given here is complete and correct to the best of my knowledge. I understand that I may be required to attend an in-person interview and assessment before a determination of eligibility is made. I understand that if I am not found to be eligible for ADA paratransit service that I may appeal the determination within 60 days after receipt of written determination, and that I will be advised of the procedures of such an appeal. In addition, I hereby authorize the person listed below to release to the Ventura County Transportation Commission information about my disability in order to verify my eligibility for ADA paratransit service. The information released will be used to assist in determining eligibility for ADA paratransit services, and given to agencies to provide appropriate transportation access and accommodation.

First and Last Name of Health Professional Verifying Your Health Information

Occupation/Specialty

Organization Name

Health Professional Phone Number (Required)

Health Professional Fax Number (Required)

Applicant's Signature

Date

Conservator/Guardian\* Signature

Date

Printed name of Conservator/Guardian\*

\*Note: A conservator/guardian is a person who is legally authorized to sign medical documents for the applicant and to receive information about the ADA application. An applicant does not have to designate a conservator/guardian. If no conservator/guardian is noted, no one besides the applicant will be able to obtain information regarding the application.

Please return the completed application via mail, email, fax or walk-in to:

**Ventura County Transportation Commission**  
**C/O Mobility Management Partners (MMP)**  
**ATTN: ADA Certification Coordinator**  
**4036 Adolfo Road, Camarillo, CA 93012**  
**Email: [info@mmpcal.org](mailto:info@mmpcal.org) Fax: 1-888-667-7002**

Once your application has been received by MMP, you may be eligible for paratransit services in your city until your determination is completed. For further information, please contact your local paratransit operator directly.